

THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JUNE 24, 1869.

[VOL. III.—No. 21.]

## Original Communications.

### CASES IN AURAL PRACTICE.

By J. ORNE GREEN, M.D., Physician to the Department for Diseases of the Ear, Boston City Hospital.

*Collapse of the Membrana Tympani from the Pressure of Cerumen.*—Mrs. T., aged 39, reports that for some years she has had an occasional deafness in the left ear, which she attributes to cold. At such times the ear felt "stopped," and this sensation and the deafness were often relieved by pulling or rubbing the auricle. One week ago, during a cold, she again became deaf in the left ear, and ever since she has had a disagreeable feeling of pressure on the left side of the head, without actual pain. The hearing of the right ear is slightly affected. On examination, both passages contain masses of cerumen; the watch is heard, r. 36", l. 3": the voice r. nearly normally, l. 4'. The syringe easily removed the mass from the right meatus, increasing the hearing for the watch to 48": from the left meatus a considerable quantity of cerumen was removed, and the hearing for the watch increased to 6", for the voice to 8'. Examination now showed the left meatus free, except close to the mem. tym., where there was a layer of dried cerumen, which obscured the view. She was directed to use an alkaline instillation for two days. The remaining cerumen was then easily removed, and the mem. tym. seen to be thickened in its dermoid layer and very much sunken, the manubrium lying nearly horizontal; the hearing was only slightly improved, although the ear felt clearer. Politzer's air-douche restored the membrane to its normal position, and she immediately announced a perfect restoration of the hearing and a sense of clearness and lightness in the head which she had not felt for many months. The watch was heard 24" on that side, and the voice equally well in the two ears. Was directed to inflate the ears by Valsalva's plan once a day for one week.

Various changes can be produced in the ear by a mass of cerumen, and any one who

VOL. III.—No. 21

has seen many cases will be exceedingly cautious in promising improvement merely from the removal of the offending mass, as it is often necessary to treat the ear for some time to remove the effects of the pressure and irritation. If the mass has been forced down upon the drum and has remained there for some time, the mem. tym. may, as in the preceding case, be forced inwards against the promontory and there remain, either by the cohesion of its mucous surfaces or by the contraction of the musculus tensor tympani and of the ligaments of the ossicula. In some of these cases the elasticity of the tissues is sufficient to restore the parts to their natural position; in such the patient does not get immediate relief from the removal of the mass, but a few minutes afterwards the hearing is suddenly restored with a snap as the two surfaces separate; in others the air-douche, either by the catheter or by Politzer's plan, is necessary to restore the natural position, and sometimes this has to be repeated a number of times to counteract the secondary contraction of the muscles and ligaments, especially in those cases which have been in this condition for a long time. Another effect of the irritation is a thickening of the dermoid layer of the mem. tym. and the development of large quantities of epidermic scales; these scales are sometimes packed in dense layers, and require to be softened before they can be removed, and even after their thorough removal may continue to be formed and thus again close the meatus enough to interfere with the hearing. We sometimes find after the removal of a mass of cerumen that the drum is very much injected and swollen, more so than the syringing could account for; and in one or two cases I have found an abnormal quantity of mucus in the tympanum, the irritation having produced a sub-acute catarrh of the middle ear; this sometimes comes on gradually, without pain; sometimes, however, causes a sharp, but short earache. In these cases the air-douche is of great and immediate benefit, the pain often disappearing after the first application.

[WHOLE No. 2156.]

*Granulations covering the whole Membrana Tympani.*—M. M., aged 5½ years, a pale, debilitated girl, with ulceration of the cornea, sent to me by Dr. Williams. Eighteen months ago, without known cause, her right ear began to discharge; this has continued without intermission; there is great itching in the ear, which keeps her awake at night, and causes her to continually scratch it; no pain, except on pressing the auricle. Some months ago used an astringent instillation for some time without benefit.

On examination the auricle is red, swollen, misshapen and in many places excoriated; the skin of the meatus is inflamed, covered with granulations, and so swollen as completely to close the passage; the whole surface exuding a thick and very offensive pus.

Watch heard only on being pressed against the auricle, and the voice only at about three feet. Throat healthy. Submaxillary glands enlarged.

It was directed that the ear be syringed three times a day with lukewarm water; small sponge tents were inserted every other day, and the meatus painted with a solution of nitrate of silver ʒi. ad ʒi. After the use of the tents for a week the swelling of the skin was so much reduced that the deeper parts could be seen; the mem. tym. was then found to be a mass of firm granulations projecting far into the meatus, and almost insensible to the touch, even when considerable force was used; all the anatomical landmarks were obliterated; the deeper parts of the walls of the meatus were also granular. By Politzer's air-douche no movement of the drum was observed, and nothing was felt by the patient. The dilatation of the meatus had improved the hearing slightly, the watch being heard at 1".

The granulations were now touched every other day with the solid nitrate of silver, the syringing continued, and an astringent solution instilled after each syringing; at first a solution of acetate of lead (gr. vi. ad ʒi) was ordered, but afterwards nitrate of silver (ʒss. ad ʒi.) was painted on. A sponge tent was occasionally inserted to hasten the resorption of the thickened skin. Under this treatment the improvement was steady, the thickened skin of the auricle and meatus became normal and the meatus assumed its natural size, the granulations diminished in size, the discharge ceased, and the hearing improved. I then ceased treatment for some ten days, thinking that the parts might continue to improve, but

the discharge returned in small quantity, and the above cautious treatment was continued, the applications being made less frequently. As the mem. tym. became thinner, the air-douche by Politzer's method was used frequently, and at the end of three months the meatus had become perfectly smooth and normal, and the thickening of the skin had entirely disappeared. The membrana tympani was whole, of nearly normal thickness throughout, but slightly more opaque and more concave than natural; the hammer distinctly to be seen with the manubrium drawn inwards and appearing foreshortened; no discharge or feeling of discomfort. The hearing much improved, the watch 15" and a low whisper at twenty feet. One month afterwards all the parts remained in the same condition, no signs of a return of the trouble.

When the case came under observation, we had the results of a neglected otorrhea to deal with; it was impossible to state what the original trouble had been, but it was probably either a diffuse external otitis or a myringitis, and, being neglected, the inflammation became chronic, and extended itself till finally the whole meatus was closed by the thickened and granular state of the walls. The case is interesting as showing what can be gained by persistent and appropriate treatment.

*Otitis Media, with Perforation.*—A. L., æt. 50, engraver. Some eighteen years ago had an eruption on head, face, in ears and nose, which he considered due to the fumes of white lead. At that time had a discharge from the left ear, which continued for several years and then ceased.

Two weeks ago was ill with what the attending physician said threatened to be typhoid fever, but after four days' confinement recovered. During this illness the throat and the track of the left Eustachian tube were quite sore, but he denies any severe pain in the ear. The ear very soon began to feel full, with a loud singing and whistling noise; all of these symptoms have continued without diminution, and he complains particularly of the noises, which prevent the mental application necessary in his work. About the time that the noises began, he noticed a slight discharge from the meatus. Now the left meatus contains a quantity of thin mucopurulent discharge, with much loose epidermis; wall of meatus excoriated in several places and red near the drum. The left membrana tympani uniformly swollen and red, so that none of the anatomical peculiarities, as manubrium and small process, can be seen.

Right membrana tympani has a crescent-shaped thickening in its posterior segment, but is otherwise normal. Watch, r. 48"; l. 3". Mucous membrane of throat and nose slightly inflamed. By Politzer's air-douche a distinct perforation-whistle is heard in the left ear, and he announced an increased clearness in the ear and a diminution of the noises. A chlorate of potassa gargle and an instillation of sulphate of zinc were ordered. One week later, reports the head much clearer, noises greatly diminished in intensity, discharge less. Watch, l. 6". Membrana tympani very much sunken, generally gray and opaque; along manubrium, however, still red and swollen; a perforation,  $\frac{1}{2}$ " in diameter, distinctly seen on the anterior segment. Politzer's air-douche brought the membrane out into its normal position; and immediately after, the watch was heard 15", the noises ceased entirely, and the feeling of pressure in the ear was wholly removed. To continue instillation.

Ten days after, the discharge had entirely ceased, the perforation had healed, so that not even the cicatrix could be seen, and the only trace of disease was a slight thickening of the membrane. The watch was heard at 48", equally in the two ears.

*Otitis Media, with Perforation.*—McN., æt. 9 months. An anæmic child; has for some weeks had a thick, purulent discharge from one ear; has been very irritable, and at night restless, continually scratching the affected ear. On examination, the meatus was swollen, excoriated from scratching, and filled with a thick, muco-purulent discharge, which was removed with the syringe, and the membrana tympani was then seen to have an oval perforation about  $1\frac{1}{2}$ " in its longest diameter, just below the end of the manubrium; through this perforation the air could be forced from the nostrils. Under the use of astringents, strict cleanliness and the occasional use of Politzer's air-douche, the discharge ceased, all signs of inflammation and irritation in the meatus disappeared, and at the end of three weeks the perforation had healed perfectly, not even leaving the relaxed cicatrix so often seen. It was impossible to test the hearing power on account of the youth of the child, but the ear appeared as well as the other.

*Otitis Media, with Perforation.*—Dec. 8th, 1868. E. S., æt. 6. A strong, healthy boy. Last summer had the measles, during which he suffered once or twice from earache. Three weeks ago, a mild scarlet fever; ten days ago, severe pain in right ear, which

lasted one night, and did not return till Dec. 5th, when the pain became very severe in right ear and right side of head. This continued about twenty-four hours, and then ceased on the appearance of a profuse discharge from the meatus. On examination, the membrana tympani was inflamed; so much swollen that no trace of the hammer was to be seen, and on the anterior segment was a perforation one fourth the size of the whole drum. Throat inflamed, tonsils enlarged and submaxillary glands swollen. By Valsalva's plan, there was a loud perforation whistle. Watch, r.  $\frac{1}{2}$ "; l. 60". A weak astringent instillation was ordered, and an iodine gargle, together with frequent syringing and Politzer's air-douche every other day. The pain in the ear returned two or three times, less severe than at first, but was always relieved by the air-douche forcing out the mucus and pus which had collected in the middle ear, and which caused painful pressure. The discharge gradually diminished, and the hearing improved after each air-douche, till, on the 17th, less than a fortnight after the perforation took place, the perforation was perfectly healed, the discharge had ceased, and the hearing had improved so much that the watch was heard 18", and the voice equally well in the two ears. Four months after, the hearing was perfectly normal, and there had been no return of the earache.

*Chronic Purulent Catarrh, with Perforation on one Side: Chronic Simple Catarrh on the other.*—July 10th, 1868. K. M. T., æt. 13, sent to me by Dr. Williams. A healthy, but not very robust girl. Five years ago, scarlet fever; since that time has had a purulent discharge most of the time from the left ear, and has been subject to frequent pain in right. During a cold in the head, to which she is particularly liable, usually quite deaf, but the deafness has always passed away with the cold; last February, however, during a cold, became deaf, and has so remained without any change. Now, there is a slight purulent discharge from the left ear; after its removal, the membrana tympani was seen thickened and perforated anteriorly and inferiorly; Politzer's air-douche, however, gave no perforation-whistle. Right membrana tympani drawn inwards, small process projecting, the anterior and posterior folds running from the small process very prominent. Throat generally red; follicles and tonsils much enlarged. Watch heard, right 3"; left  $\frac{1}{2}$ ". My ordinary voice, three feet. After Politzer's air-douche, r. 12"; l. 1". Was ordered to syringe the left ear

twice a day, to use an instillation of sulphate of zinc for that ear, and an iodine gargle.

July 13th.—Improvement in hearing lasted till last evening; now, watch, r.  $3\frac{1}{2}$ "; l. 1". Discharge diminished in left. Last evening, after exposure to cold in an open wagon, earache in right for some time. Air-douche, which improved hearing to r. 12"; l. 2".

15th.—Watch, r. 6"; l.  $1\frac{1}{2}$ ". After air-douche, r. 18"; l. 3". Discharge from left much less.

17th.—Watch, r. 12"; l. 2". After air-douche, r. 18"; l. 3". Small quantity stringy, muco-purulent discharge syringed from left; perforation seemed to be cicatrizing from the edges. Tonsils painted with tincture of iodine.

21st.—Watch, r. 12"; l. 2". After air-douche, r. 18"; l. 5".

24th.—Watch, r. 6"; l. 2". After air-douche, r. 16"; l.  $3\frac{1}{4}$ ". Throat improving, and again painted with tincture of iodine.

27th.—Watch, r. 14"; l. 2". After air-douche, r. 24"; l. 5".

31st.—Air-douche again.

Aug. 4th.—After air-douche, watch, r. 36"; l. 6". Reports that discharge has ceased; but, on examination, left membrana tympani is covered with a purulent discharge, after the removal of which the perforation is found to be still smaller by growth from the edges.

8th.—Watch, r. 36"; l. 5". After air-douche, r. 36"; l. 18". Perforation only  $\frac{1}{4}$ " in diameter. Throat very much improved; superficial ulcerations almost healed, follicles reduced to natural level, tonsils not more than one quarter the size they were at first.

12th.—Watch, r. 60"; l. 5". After air-douche, r. same; l. 18". Perforation still smaller; now, merely size of a pin-hole, and membrana tympani less thickened. Throat looking well.

The instillation and Politzer's air-douche were continued occasionally for a month longer, at which time the discharge had entirely ceased, the perforation had completely healed, and the hearing was normal in both ears. Now, some seven months, the father reports that the hearing remains perfectly normal, equal in the two sides, that there is no discharge, and that "she hears as well as any child."

I have placed these cases together to call attention to the complete restoration of the drum, a fact which is too little known, the patient with a perforation being too often told that it is irremediable and should be

let alone. In the last case, the perforation had existed for nine years, and showed no disposition to heal; on the contrary, the other ear had become more and more affected, till, finally, the deafness had become constant, and yet the result was a complete cure of each ear. They all also show the beneficial effects of the air-douche to relieve the pain caused by the pressure of the collections in the middle ear, to cleanse the tympanum and to restore the membrana tympani to its natural position, and thus prevent the formation of adhesions and clumps of mucus, which would interfere with the vibratory power of the ossicula; in the last case, it is certain that nothing else could have saved the child from permanent and extreme deafness. In the two following cases, the drums had been so completely destroyed that nature could not repair the loss; and yet by a simple mechanical contrivance it was possible to improve the hearing so much that neither patient would have any great difficulty in the ordinary affairs of life.

*Complete Destruction of both Membrana Tympani; an Artificial Drum applied with benefit.*—Dec. 21st, 1868. I. C., set. 10. Has always been delicate till the last two years, when her general health has much improved. Once, when a baby, had a slight otorrhoea of short duration.

Six years ago, had a very severe scarlet fever, and during it severe pain in both ears, followed by a profuse discharge from both. The otorrhoea ceased in the left after one year, but has continued in the right without intermission. Two weeks ago, had severe pain in left ear for a short time, followed by discharge, but the discharge ceased in a few days. Is subject to nasal catarrh. The deafness, which was apparent soon after the beginning of the disease, has remained about the same ever since.

There is a decided hereditary tendency to catarrhal affections of the ears, the father, mother and two aunts on the mother's side being deaf.

On examination, the right meatus contained a quantity of muco-purulent discharge and some loose epidermis; the left one, flakes of epidermis so tightly packed that they required to be softened before they could be removed. Both membranae tympani have been almost completely destroyed; on the right side, the hammer is seen very much drawn in, and on each side of it is a narrow strip of membrane which passes round about one third of the tympanic ring, the only remnant of



the drum; beyond this the membrane of the tympanum is seen, red and swollen. On the left side no trace of the membrana tympani is seen, but a thin cicatrix has formed from the promontory to the anterior edge of the tympanic ring; the ossicula not to be distinguished. The right Eustachian tube was impervious, the left slightly pervious. The watch was heard on the right side only on contact, on the left only very faintly on being pressed firmly against the ear; the tuning fork on the forehead about equally in the two ears; my ordinary voice only 3' in the right, the best ear.

Frequent syringing and astringent instillations were ordered for the right ear, in order to diminish the swelling and check the discharge; after their use for two or three weeks, the swelling was so much reduced that air could be forced through the Eustachian tube by Valsalva's plan, and the discharge had begun to diminish. At the end of two months, the Eustachian tube being perfectly free and the discharge having ceased, I applied an artificial drum in the right ear. First testing the hearing, I found that the watch was heard 1", the voice 5' on that side. I then cut from a piece of sheet rubber, about one third of a line in thickness, an oval somewhat smaller than the natural drum; through the centre of this a thread was passed, and the thread passed through a silver tube and drawn tight, so that the bit of rubber was held firmly against the end of the tube. The artificial drum was then passed in till it rested against the hammer and remnant of the natural membrane, and occupied nearly the position of the latter. The tube being now withdrawn the rubber was left in this position, and there was found to be an immediate and decided improvement in the hearing. The watch was heard some 5', but the voice more than 25', and all external noises exceedingly loud.

She was furnished with a tube, and instructed in the application of the drum, so that after a few trials she could get it into very fair position herself; was then directed to apply it daily, gradually increasing the length of time that it was kept in, till it could be borne all day. A few days after, she reported that while the artificial drum remained in she "could hear everything"; she found some little difficulty in adjusting it herself, but I encouraged her to persevere, and have no doubt that she will soon learn to adjust it properly and quickly.

*Complete Destruction of both Membrana Tympani; Application of Artificial Drums*

*with great benefit.*—H. P. T., æt. 29. A fine, healthy man. When 4 years old, scarlet fever, and ever since a continuous, offensive otorrhœa on each side. On examination, the right membrana tympani is entirely destroyed; the hammer remains, very much drawn in, and just below it the mucous membrane of the tympanum is red, irregularly swollen, and in one spot a white mass of calcareous deposit is seen and felt on it; right Eustachian tube pervious. The left ear exhibits almost the same appearances, except that the membrane of the tympanum is perfectly smooth and of a light pink color; no remnants of the membrana tympani to be seen; by Valsalva's experiments, there is a distinct perforation-whistle. The watch is heard 1" in each ear; the voice about 5'.

Under the use of an iodine instillation, the swelling was so much reduced in the right ear that he could blow air easily through it; the otorrhœa was diminished by the astringent, and finally checked by the use of talc.

Artificial drums were then applied to each ear in the same way as in the preceding case, and to his great gratification his hearing was greatly improved, so that he could easily carry on a conversation with a person twenty feet distant. He was taught to introduce them himself, and before he left for his home in the west could adjust them easily, and with great benefit to the hearing.

#### ON THE USE OF RUBBER CLOTH IN THE TREATMENT OF SKIN DISEASES.

By Prof. HERRA, of Vienna.

Translated for the Journal from the Archiv für Dermatologie und Syphilis. By JAMES C. WHITE, M.D.

DURING my last visit to Paris (September, 1867) Prof. Hardy told me that he frequently used vulcanized rubber cloth (*toile caoutchougée*) in the treatment of eczema with good effect, applying it "pure et simple" upon the affected parts. As there happened to be no case at the time in Hardy's clinic to illustrate its use, I was obliged to be satisfied with the information alone, and to undertake an independent examination of its effects on my return. This I have been doing for the last year, and would now make known the results of such treatment.

It was to be expected *a priori*, considering the impermeability of caoutchouc to watery liquids, that the evaporation of the volatile secretions of the skin would be prevented, and their collection in the form of

drops between the rubber cloth and the skin favored by its application. Now as every liquid, including the normal secretions of the skin, tends to soften and macerate the epidermis by long contact, it was principally the therapeutic effect of such maceration that was to be looked for here. It was, therefore, a continual warm bath in the individual's own cutaneous secretions which was used upon the affected parts, and it might be expected the results would be similar to those obtained by the "continual bath."\*

This supposition, however, has been only partially realized, and principally when pure caoutchouc has been used instead of the vulcanized cloth. With the latter there must also be taken into account the materials used in the process of its manufacture, especially the sulphur; so that wrapping a part in vulcanized rubber cloth, to continue the above comparison, might be likened to a continual warm sulphur-bath.

In using this comparison, however, it should not be forgotten that the normal cutaneous fluid secretions differ widely from common water, and moreover that the acids and salts they contain, as well as the fatty matters which are readily converted into the fatty acids by the rapidly ensuing decomposition, exert on long contact with the skin a very different action from ordinary or sulphur water, and that on this account these elements cannot be disregarded in judging of the therapeutical action of caoutchouc. From this point of view as well as from that of experience, which teaches that morbid appearances are often produced upon the skin by the action of its decomposed secretions, I was not disposed to expect any very favorable result from its employment. But on the other hand, as it is well known that the same means which under some circumstances will produce eczema, will under others cure diseases of the skin, I abandoned this overhasty criticism and awaited the results of a careful trial. How far my opinion was justified by the result, will be seen by what follows.

But before mentioning the affections and the individual cases treated by the caoutchouc, I will first describe more particularly the material employed. The rubber cloth (*toile caoutchougée*) consists of ordinary cotton, which is first coated with a solution of caoutchouc and then submitted to the

process known as vulcanizing. This consists in sprinkling the stuff with a mixture of caoutchouc and sulphur, and exposing it to a high temperature under a pressure of sixteen atmospheres. The material obtained in this way is gray, black or of any other desirable color, flexible, impermeable to watery fluids, smooth and polished on one surface, dull and rough on the other, and smells of caoutchouc and sulphur. Oil as well as all fats, and alcohol, dissolve this layer of caoutchouc, thus destroying its desirable qualities and rendering it useless for the purpose in question. It can be worked like any other cloth, that is, be cut, sewed, and its surfaces be made to adhere by means of a cement containing caoutchouc. These properties led me not only to apply it simply, as Hardy advised, to the affected parts, but I had various pieces of clothing made of it, for instance, caps for the head, bags in which to envelope various regions of the body, gloves, stockings, and finally, entire drawers with and without feet attached, as well as shirts and blouses. Besides these, I had some of the ordinary gum-elastic (not vulcanized) made into bandages and gloves, and convinced myself that this might also be used.

As to the diseases in which I employed it, it will be readily understood that its effect was tried not only in eczema (as Hardy advised), but in many other affections of the skin, especially in cases where it was desirable to soften and macerate dry and hard masses of epidermis, as in psoriasis, ichthyosis, tylosis, pityriasis, &c. In burns of mild degree, also, in variola, and in some cases of pruritus cutaneus in old people I tried the rubber garments, and found especially favorable results to follow.

After this general explanation, we will now describe the individual cases treated by the caoutchouc method, beginning with those of eczema. We have submitted every variety of this affection, from E. squamosum to E. impetiginosum, to this treatment, making use either of closely applied pieces, roller bandages, or the whole garments. In every case the smooth side of the vulcanized cloth was laid in contact with the skin, from which the collections of morbid products, the scales, crusts, &c., had been previously removed, although in some cases the cloth was applied for the sake of experiment above these. On removing the cloths at the end of 12 or 14 hours they were found very moist, often entirely soaked through, and the fluid, which had collected on the surface of the skin in considerable quantity, of a pene-

\* The "continual bath" here spoken of is a method of treatment introduced by Prof. Hebra, and used in certain chronic skin diseases and extensive burns. The patient is kept in warm water day and night constantly, sometimes for two or three months.—TRANSLATOR.

trating smell, worse even than that of the "stinking foot-sweat." The skin itself, however, when cleansed from the diseased products thus softened, appeared odorless and only reddened, more or less robbed of its epidermis, moist and shiny. The sensations of the patient during their application were not at all unpleasant, there being no pain or itching. After their removal, itching generally came on, and, unless they were renewed within a half hour or so, a feeling of contraction and pain also, so that the patients longed for their immediate re-application. If the treatment was continued in this way, the whole series of symptoms gradually diminished—the moistening, redness, itching and pain—and in many cases the cure of the eczema was seen to be complete in the course of two months.

But as it is known that under other treatment the cure of eczema may be effected in this period of time, the question arises what advantage the caoutchouc method offers over others, such as by ung. diachyli, tar, zinc, sublimate, &c.

The answer must be, that, although in general no excessive advantage can be attributed to the caoutchouc, nevertheless there are cases in which this new remedy can be used with especial profit. I refer here particularly to eczema of the hands, fingers, flexures of the joints, scrotum and feet, in which the application of salves, &c., is not only attended by much inconvenience to the patient, but in which also the caoutchouc preparations are able to afford a much more speedy relief to the pain produced by the fissures, inasmuch as such parts can be kept constantly moist by the easy application of the gloves, coats, bandages, suspensories and stockings employed. Although, therefore, no new panacea has been introduced into dermato-therapeutics by the use of caoutchouc in the treatment of eczema, it must still be regarded as a very valuable addition to our means of cure, and all the more as it does not prevent the helping use at the same time of other known remedies. Thus in many cases the cure of eczema is powerfully assisted by the simultaneous use of schmierseife, baths, douches, tar preparations, &c., and these latter in turn made more serviceable by the application of the caoutchouc cloths.

Of the other affections of the skin it was especially the hardened concretions of epidermis in pityriasis, xerosis, and psoriasis palmaris, as well as in tylosis plantæ pedis, in which caoutchouc gloves and stockings were successful in easing the pain of their painful cracks, and causing them to heal even

by prolonged use. In some cases of burns of the second degree upon the hands and face we tried the treatment by persistent application of the caoutchouc cloth, and it succeeded perfectly, although I cannot concede to it any advantage over cold or warm water fomentations or applications of ordinary cerate, oil and lime-water, &c. In order to soften the epidermal coverings of the efflorescences in variola, so as to favor their discharge and the absorption of their contents, I tried similar applications of the rubber cloth, enveloping certain of the extremities in rubber bags, and changing them every 24 hours in order to cleanse them and the skin. The course of the pox was not in the least altered, but the maceration of the thick epidermis of the planta pedis and vola manus thus effected materially helped in preventing the pains which so frequently occur in these localities, and on this account I can strongly recommend this method in variola.

But it was in four cases of general itching of the skin that this treatment was most beneficial, which, although partially associated with eczema, did not occur upon the eczematous parts, and therefore were properly regarded as pruritus cutaneus senilis (prurigo senilis aetatum). The patients were four old men between 65 and 75 years, one of whom only I treated in the hospital, the other three (Prince F. S., Count Cz., Baron E.) in private practice in connection with their attendant physicians. With all four I had a complete suit of rubber clothing made and worn next the skin, at first day and night. Morning and evening the garments were either changed, or where, as in the hospital, only one suit was provided, this was removed for a short time, cleansed and again put on. The effect showed itself in each case the first day even; perspiration became more abundant, the itching and tension of the skin entirely ceased, and sleep, which had been disturbed, returned. All the patients expressed themselves as much relieved, and submitted with great pleasure to the continued treatment. After the lapse of some weeks the rubber clothing was worn only either during the night or for an hour at a time during the day, until finally it was removed after complete cure in each case. The accompanying eczema was all the more easily treated by the ordinary remedies (tar preparations), as the coverings modified and mitigated the odor as well as concealed the stain they produced. To prevent misunderstanding, let me again draw attention to the fact that the caoutchouc bandages

were of themselves sufficient to allay the distressing itching, which compelled the patients to scratch and deprived them of sleep, and that the tar preparations were only used when sooner or later the ordinary symptoms of eczema showed themselves.

## Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.  
CHARLES D. HOMANS, M.D., SECRETARY.

FEB. 8th.—*Very slow Pulse, connected probably with Disturbance of the Digestive Functions.*—Case reported by Dr. JACKSON.

The patient was a healthy looking farmer, 53 years of age. For the last twenty-five years or more he had suffered from costiveness, but he had been in the habit of using laxatives, and his general health was sufficiently good. During the last eight years his appetite has been very strong, and it had always been more or less so. Fulness at epigastrium after eating; much flatulence; but no bad taste, acidity, nor rising from the stomach. Sense of weakness, with giddiness, so that he would sometimes fall, unconscious, for a minute or two. Skin rather dry. Urine diminished when he is worst. During this same time the pulse has been slow, often 20 beats in a minute, and sometimes, though very rarely, 16. Once he counted only 6 beats in half a minute; and this was the lowest, so far as observed. Not unfrequently it would rise to 60, or even a little higher; and it sometimes intermits about every fourth beat when it is rising. In character the pulse, he says, is generally full and forcible. Very rarely any pain about the heart. No palpitation. Feels the weakness above referred to, with dyspnoea, on going up hill; and the action of the heart is then increased, but without an increased frequency of the pulse. On examination, the impulse of the heart was not unusual. Sounds muffled and distant, with perhaps a slight systolic souffle over the ventricles. Pulse 30, moderately full and regular, soon after coming in from a walk; and the same when he had been resting for about half an hour. A few days afterwards, Dr. J. saw this man again. He was then feeling better, and the pulse was rather quicker, and with an occasional intermission. Says that he is quite nervous, though he did not appear so, and that he is still able to do some work. His hands and feet are cold, and particu-

larly when the pulse is very slow; and he is pale when he has his worst attacks.

FEB. 8th.—*Internal Strangulation; Sphacelation.*—Case reported and specimen shown by Dr. J. N. BORLAND.

An Englishman, mason by trade, entered the City Hospital Jan. 24th. He was 40 years of age, and twenty years before had had an attack of what was called "stoppage of the bowels," and recovered after ten days' illness, having ever since been a thoroughly healthy man. Jan 17th, being perfectly well, he ate moderately of boiled beef, and soon after was attacked with severe pain in the abdomen, attended with obstinate constipation and vomiting. Purgatives were given without avail, and blisters, leeches, &c., used externally, but without relief to the pain, till the administration of an enema on the fourth day caused three small dejections, and the pain diminished. His abdomen was much distended, when first seen, and tender on pressure over the epigastrium; there was frequent vomiting; no appetite; great thirst. Beef-tea and brandy enemata were ordered, sinapisms to pit of stomach, and cracked ice for the thirst. During the next three days there was some improvement, less vomiting and less tenderness and distention of the abdomen; there was no dejection, save once a small, insufficient one after an enema of assafoetida.

On Jan. 28th the bad symptoms returned; the pulse became high, the skin hot, and there was delirium, which continued till his death, Jan. 30th. The pain in the abdomen and distress were relieved by hypodermic injections of morphia; the matters vomited were chiefly yellowish or greenish fluids, never any stercoraceous matter.

On dissection, a small, tough, fibrous band was found connecting the intestine and mesentery, about nine inches above the coecal valve; through the loop thus formed four or five inches of the intestine had passed and become tightly strangulated. Sphacelation was the result, and the intestine had entirely broken through in two places. There was lymph upon the surface of the strangulated intestine to a small extent, but there was no peritonitis, as shown by effusion or fresh adhesions, the surface of the intestines looking only dry and gray in color, with engorged vessels. No other old adhesions were detected.

Dr. JACKSON said this was the first case he had seen of internal strangulation, how-

ever tight, in which there was anything like sphacelation.

MARCH 8th.—*Pleurisy; Jaundice; Enlargement of the Liver.*—Dr. FIFIELD reported the case.

J. S., aged 64, taken sick on Friday, Jan. 8th, 1869. Sent for a physician on the following Tuesday, on account of sputa very slightly tinged with blood, since the previous Sunday. He was found with a pulse of 140, occasional slight breast-pang, slight cough, raising a little scarcely tinged sputa.

Wednesday, the next day, declared himself better, but the pulse remained the same. He was now sweating profusely, deeply jaundiced, raising quantities of thin mucus colored with bile. Percussion dull over nearly whole of right back, normal in left. Auscultation revealed marked bronchial respiration, with ægophony over whole right back, normal respiration in the left.

Thursday.—Pulse 120. Expectoration less; jaundice less; rather more dyspnoea; profuse perspiration; urine scanty, no motion of the bowels.

Friday.—Pulse 140, sweating; more feeble; has had one dejection. Auscultation and percussion same as yesterday. Some crepitus in lower third of left back.

Saturday.—Rather less jaundice; complaints of no pain; no expectoration, slight cough. Pulse 140, skin cold and sweating; a crepitus as of air churned through foam audible at some distance from patient. No pain on pressure over liver. Auscultation shows diminution of bronchial respiration, returning normal respiration faintly heard. Lower third of left back reveals coarse crepitus; percussion dull, slight delirium.

Sunday.—Pulse 140, skin cold and sweating; brown, dry tongue; auscultation shows large crepitus over left back; less dullness on percussion; diminution of respiration in lower third of left back; labored respiration, great efforts to breathe, but not often repeated. Died at 2 o'clock.

Monday, 18th.—Autopsy. Rigor mortis well marked. Skin deeply jaundiced, more than in life. Right chest:—Lung healthy, no effusion, adhesion to costal pleura throughout by soft recent adhesions. Also adherent to diaphragm over liver, and there greatly congested. Pericardium healthy with two ounces of serum. Heart fatty, otherwise healthy. Left chest:—Contained purulent serum one pint; lung not much adherent; recent lymph could be brought up in long strips on sponge. Lung appeared nowhere solid as in pneumonia.

Liver large, smooth, and sufficiently

healthy; left lobe reaching into left hypochondrium; edge of right lobe reaches well below false ribs, but yet cannot be felt from the outside. Gall bladder filled. Kidneys not examined, test of urine being considered sufficiently satisfactory.

Reflections in this particular case are:—

1st, Bronchial respiration heard within three days from commencement of illness, with sputa scarcely tinged, is indicative of pleurisy.

2d, Acute pleurisy may exist without breast-pang, if effusion comes on rapidly.

3d, Jaundice is a bad augury. I do not remember ever to have seen it present in affections of the left lung or pleura, but have seen it appear, when, in affections of the left lung or pleura, the right lung or pleura has been secondarily attacked.

From the autopsy it would seem brought about by adhesion of the lung to the diaphragm over the liver, from sympathy in contiguity in fact.

At the time of the autopsy, I had heard nothing of gastro-duodenal catarrh, hence no examination of those parts was made.

This case seems remarkable, moreover, for the rapidity with which the processes of the disease were carried through. The patient is attacked on Friday, no particular pain, merely feeling ill. On Tuesday, bronchial respiration is heard in right pleura, denoting effusion. On Friday effusion begins to be absorbed, and returning normal respiration is heard in right lung. On the same day disease begins in the left pleura. On Saturday effusion takes place. On Sunday effusion begins to be absorbed, lymph being deposited on the walls of the cavity in coherent masses.

It seems probable that could life have continued, the effusion would have been as rapidly absorbed and adhesion been as complete as in the right pleura. I cannot imagine the crepitation so distinctly heard to have been a friction sound, but, although no expectoration was present, it must have been of the character of a flux from the bronchial mucous membrane, and death must have taken place from an inability to discharge the same—in fact, a capillary bronchitis. Or perhaps it might be spoken of as a paralysis of the lungs, such as we might say produces the well-known death rattle in the trachea.

I hope it will be considered that these reflections apply only to this particular case.

MARCH 22d.—*Recovery from a Wound of the Intestine.*—Dr. JACKSON read a manuscript report of the case by A. A. Surgeon R. G. Jennings, U.S.A., and that was loan-



ed to him by Dr. Wm. H. Hills, of Foxborough. The patient was a soldier who was stabbed by one of his comrades with the small blade of a pocket-knife Feb. 20th, 1866. When Dr. J. saw him, just after the accident, there was collapse, with a protrusion of about two feet of the intestine. It was necessary to enlarge the wound considerably, and there was then found a wound in the intestine, fully  $\frac{3}{4}$  of an inch in length. This occasionally bled freely, though there was no discharge of feces; and, two interrupted stitches having been taken, the ends were clipped close to the intestine, and the mass was returned into the abdomen. On the 25th of March the external wound had entirely healed, a photograph (which was shown to the Society) was taken, and the man was to return to duty in a few days.

Thus far the case, of which the above is an abstract, was published in the *Chicago Medical Journal*, June, 1866. In a letter, quite recently received from Dr. J., he states that after the injury the man had frequent pains in the abdomen, with great prostration; and four months afterwards, on lifting a heavy weight, he felt a "quick snap," fainted at once, with profuse perspiration, and the abdomen became swollen, tender and painful. These symptoms, however, which Dr. J. attributed to a separation of the adhesions that had probably formed, soon passed away; and when he saw him in the spring of 1868, he was perfectly well.

MARCH 22d.—*Singular Mark on the Hand of a Pregnant Woman; appearing at the beginning of successive Pregnancies, and disappearing soon after Delivery.*—Dr. J. P. REYNOLDS reported the case.

L. X., aged 27, confined for the third time on the 27th of February, had on the dorsum of the right hand a nearly circular mark about an inch in diameter, scarcely if at all elevated, of pink color, looking as if formed by a ring of slightly enlarged capillaries; near the knuckles of two of the fingers of this hand were isolated points of similar character. At the beginning of each pregnancy this mark has made its appearance. After every labor, it has in the course of a few days faded and then wholly disappeared. It has become more distinct with each successive pregnancy, the isolated spots showing themselves only during the last.

The patient states that when labor is at hand, the color of the mark deepens to a dark purple. When about seven and a half months advanced in the last pregnancy, she had a dangerous fall down a flight of

stairs, and observed for a day or two following the darkening of the spot above described. The details of this account are confirmed by the husband, and as the parties are people of intelligence, I see no reason to question the accuracy of their statement. I myself witnessed the fading of the mark after the last delivery. Three weeks later the isolated spots could not be seen, and the larger mark was rapidly growing indistinct.

The woman has lost two brothers by phthisis, and is a person of slender make, with light hair and a delicate, irritable skin.

Trifling as this fact is, it seems to be worthy of record. Similar occurrences have been observed by others.

MARCH 22d.—*Anatomy of Prurigo.*—Dr. HASKET DERBY read the following report translated from the transactions of the Imperial Academy of Sciences in Vienna.

*Section of Mathematics and Natural Sciences.*—At a meeting held February 18th, Professor Biesiadecki presented a paper by Dr. Richard H. Derby. Subject, "The Anatomy of Prurigo."

The author arrives at the following results:—

1st, In prurigo there is uniformly a disease of the hair. From the outer root-sheath projects a growth, varying in length, consisting of epithelial cells, and closely united with the root-sheath. It insinuates itself between the muscular fibres of the *arrector pili*.

2d, The *arrectores pilorum* attain an unusual development. Through the increased traction these exert on the hair result, on the one hand, a more vertical position of the hair (goose-flesh); on the other a hernial protuberance of the inner wall of the hair follicle and the outer root-sheath.

3d, A serous exudation takes place in the vicinity of the diseased hair, infiltrating the tissue of the corium and the papillae, and making its appearance as a clear or slightly bloody drop, on puncturing the papule.

This discovery, moreover, explains the absence of the papules of prurigo in places devoid of hair, such as the hollow of the hand and sole of the foot; and their infrequent occurrence in places almost destitute of hair, such as the flexure of the extremities.

This paper was referred to a commission.

MARCH 22d.—*Syphilitic Stricture of the Oesophagus.*—Dr. SINCLAIR reported the case.

W. B. T., æt. 39, teamster. Admitted into City Hospital Dec. 4th, 1868.

*History.*—Has no tendency to hereditary disease. Habits rather intemperate. With the other diseases common to childhood, had scarlet fever, which entailed some deafness, increased of late. While in the army, in the South, had intermittent fever and afterwards acute rheumatism. Had not been so strong since, though able to work regularly until three weeks before entrance, when he began to have dysphagia and regurgitation of food, with a sense of constriction about the gullet, which had increased so as to oblige him to take food and drink in the smallest quantities, slowly and at intervals. Had a poor appetite, did not sleep well, lost flesh, easily fatigued, nervous. Tongue and skin natural. Bowels regular. Pulse 80.

On examination of the throat, the posterior fauces were found in a state of chronic inflammation. Mucous follicles enlarged. No ulceration. Thoracic organs healthy.

Was ordered liquid diet, and five drops of aq. regia three times a day. Two days later, he reported himself as able to swallow better, having increased appetite, and complained chiefly of weakness. Five days after entrance, dysphagia and throat the same. Was directed to inhale atomized sulphurous acid once a day. On Dec. 12th condition of things not improved, and suspecting organic disease, Dr. Cheever was requested to see the patient. A small probang was passed, and a constriction of the œsophagus found, about two inches below its entrance. At the same time, the probability of a history of specific disease in the case was suggested to the house-physician. The stricture conveyed a sense of considerable extent and of elastic firmness, grasped the probang tightly in passing through it, and offered a good deal of resistance in the withdrawal of the instrument. It was subsequently ascertained, on careful inquiry, that the patient had had a sore on the penis two and a half years previous, and an eruption on the skin a year later, for which he had received medical treatment. The following treatment was accordingly instituted:—

R. Pot. iodidi, ℥iv.;

Hyd. bichloridi, gr. i.;

Aque, ℥iv. M. ℥i. 3 t. d.

And probang to be passed through stricture twice daily.

Dec. 19th.—Improving.

21st.—Stricture readily overcome. Swallowed meat yesterday for first time since entrance. R. Quin. sulph., gr. i. 3 t. d.

25th.—Ability to swallow solid food increases.

Jan. 4th, 1869.—Continues to improve. Hears better. Appetite good.

5th.—Discharged, at his own request.

Dr. Langston Parker relates two cases of syphilitic stricture of the œsophagus in his work on Syphilitic Diseases, London, 1860; one occurring in a young woman, another in a man. The woman entered the Queen's Hospital, Birmingham, under the care of Mr. West, in May, 1868, with secondary phagedena of the pharynx, and afterwards, during the absence of Mr. West, was attended by Dr. Parker. She had previously suffered from secondary syphilis. Examination of the throat revealed the cicatrices of a large ulcer on the posterior wall of the pharynx, and by depressing the tongue deeply a portion of an ulcer, which appeared to extend downward into the œsophagus. With considerable difficulty she could swallow cider, but could not swallow milk or beef-tea. There was complete dysphagia occasionally, which continued at one time for thirty-six hours. Every attempt at passing bougie, catheter or probang into the gullet failed. She died exhausted.

*Post-mortem Examination.*—The upper part of the œsophagus for about four inches was found much dilated; its mucous membrane thickened and marked by spots having the appearance of recent cicatrices. At this distance from the upper end it was suddenly contracted, and terminated in a narrow canal which would barely admit a No. 4 catheter. The contracted portion, which was about 2½ inches in length, was formed by the thickening of mucous membrane and fibrous bands and bridges, having very much the appearance of an old stricture of the urethra. Below this tract the œsophagus continued perfectly healthy into the stomach.

The other case was that of a private gentleman, under the care of Dr. Parker, and who suffered many years from syphilis and had ulceration of the pharynx. "He was hoarse, tormented with cough and hawking up of frothy mucus mixed with blood; had great pain and difficulty in swallowing." On examination, the whole of the back of the throat was found intensely red; it looked like an old red cicatrix, with here and there white, hard spots disseminated through it; in places, superficial ulcers existed; the whole mucous surface appeared destroyed. He was much emaciated, and looked like a man laboring under organic disease of the lungs; the latter, however, with the windpipe, were healthy. Soon after, the patient left on a foreign voyage, and died, exhausted, on the passage. It is

not recorded whether the gullet was examined in this case; but it is fair to assume, with the author, that this also was a case of syphilitic stricture of the œsophagus.

Follin, in vol. i. p. 696 of his *Traité Élémentaire de Pathologie Externe*, Paris, 1865, says that the greater part of writers on the subject of syphilis say nothing concerning these strictures, or, if they do, it is to deny their existence, and quotes Langston Parker and West as having met with, the former one case, and the latter two cases, of syphilitic stricture of the œsophagus. In his graduation thesis, *Des Retrecissements de l'Œsophage*, Paris, 1853, he quotes three cases which appear to come under this head: the first from Ruych; the second from Haller, who speaks of having successfully treated a case of stricture of the œsophagus by the use of mercurial pill; the third is an observation of Paletta, who, in a work entitled *Esercitations Pathologiques*, published in 1820, mentions a dysphagia which came on after the suppression of a leucorrhœa and the disappearance of a papulous eruption. But Follin observes that this case, like the others, is very doubtful. Since then, he goes on to say, that he has himself observed two cases of œsophageal dysphagia, which he was able to attribute clearly to syphilis. In one of them there existed a psoriasis of the palm of the hand, and the patient was cured without the use of a probrang; in the other the lesions were more profound and the cure incomplete, for there obtained, without doubt, cicatrices, which were ameliorated, but not cured.

Lancereaux, in his elaborate and comprehensive work on *Syphilis*, Paris, 1866, remarks that it is not proved that the oldest writers on syphilis recognized this alteration. Severinus, one of the first, makes mention of syphilitic ulcerations of the œsophagus and the trachea—"Cultro anatomico tradita cadavera variorum syphillide extructorum exhibebant exulcerationes, tum in œsophago, tum in trachea." Rhodius reports a case of œsophageal lesion which he might possibly be right in attributing to a syphilitic origin. A case observed by Daniel Turner (recorded in a practical dissertation on the *Venerical Disease*, 1732), and two more by Carmichael (*Essay on the Venerical Disease*, 1814), are not more conclusive than the preceding. Wilks (*Pathological Anatomy and On the Syphilitic Affections of the Internal Organs*, 1863) recognizes the existence of syphilitic stricture of the œsophagus. An anatomical specimen in the Museum of Gay's Hos-

pital (No. 1784-95) shows, at the point of union of the œsophagus and pharynx, a constriction which had followed a syphilitic ulceration. Virchow describes a stricture of the same kind.

Finally, with regard to the state of things existing in the case observed by myself, it may be inferred that from the manner in which the stricture yielded to treatment the obstruction was caused by a submucous infiltration or gumous tumor, which, if allowed to degenerate, would have formed an ulcer, with subsequent cicatrization and contraction, defying, perhaps, every means of cure.

The short time—three or four weeks—that the dysphagia existed, and the speedy manner in which the case ameliorated after its true nature was ascertained and the proper treatment instituted, show very conclusively the syphilitic character of the stricture.

---

## Medical and Surgical Journal.

---

BOSTON: THURSDAY, JUNE 24, 1869.

---

### NOTES FROM FOREIGN JOURNALS.

*Subcutaneous Injection of Ergot for Aneurism.*—We learn through the *Union Médicale* that Professor Langenbeck, recognizing the hæmostatic property of ergot as proceeding from contractile action upon unstriated muscular fibre, has used the drug successfully in aneurism. He reports two cases to the Medical Society of Berlin. One was a *sub-clavicular* aneurism, the other aneurism of the radial artery. In the first case the Professor injected under the skin three (3) centigrammes of aqueous extract of ergot, in the following mixture:—*Extrait de Bonjean*, 2.5; spirits of wine and glycerine, aa 7.5.

He repeated the injections every three days, increasing the dose gradually, till between the 6th of January and the 17th of February, two grammes had been used.

In the second case fifteen centigrammes of the preceding solution were injected, and the next day the tumor had disappeared. The injections in both cases were made under the skin covering the tumors.

*The Perniciousness of Iron Stoves again.*

—We learn from the *Gazette Hebdomadaire* that on the 3d of May, at the *Académie des Sciences*, General Morin read a summary of various elaborate experiments as to the effects of heating apartments by iron stoves, and also a statement of results. Besides the transmission of carbonic oxide through heated iron, it was found that in rooms warmed with iron stoves the carbonic acid naturally contained in the air, and that produced by respiration, is susceptible of decomposition, and of giving rise to development of carbonic oxide. It was also ascertained that the direct action of the oxygen of the air on the carbon of the cast-iron stoves heated to redness evolved carbonic oxide. It was concluded that heating apparatus of iron without linings of fire brick or of other materials—which linings prevent them from becoming red hot—are dangerous to health. These are but a few, out of many points brought out in the paper as reported in the *Gazette*.

*Pathological Physiology of Icterus.*—A sketch of the Thesis of M. Laborde, on the Pathological Physiology of Icterus, in the *Gazette Hebdomadaire*, opens with the statement that the bile is formed exclusively in the acini of the liver, as we now know positively; and that none of its elements, the principal of which are the choleic and cholic acids, pre-exist in the blood, with the exception of the salts and the fatty matters. This idea puts far out of sight a theory, which is among the oldest, and which attributes certain forms of icterus to a direct transformation of the blood into bile.

We are, at the present day, forced to consider icterus as the result of the diffusion over the economy of a secretory product turned aside from its physiological destination and from its natural channels—a diffusion involving troubles sometimes very grave, by reason of the toxic properties of certain of its constituent elements. In that respect icterus resembles diabetes and uræmia.

In the absence of sufficient data for a different arrangement, we are obliged to abandon attempts at a purely physiological division, and to place the forms of icterus in two categories. In the first are ranked

the cases of jaundice caused by appreciable lesions; to the second, are consigned those of which we have not as yet penetrated to the cause, and which no alteration of the solids can explain. The first category comprehends all the instances of jaundice produced by mechanical obstacles. The bile is partly or wholly absorbed, by the veins and lymphatics; and this absorption requires for its accomplishment from two to forty-eight hours (experiments of Saunders and Frerichs). By the side of mechanical obstacles which are well known—such as tumors, calculi, &c.—are placed passive hyperæmia, which brings about compression of the biliary canaliculi by means of the dilated capillaries (Frerichs); diminution of the lateral pressure of the vena porta; inspissation of the bile; a plug of mucus, &c.

Idiopathic (*essentielle*)\* icterus is that which, consequent upon a nervous shock, has, for its less remote cause, spasm of the biliary ducts; or paralysis of them; or passive congestion. The idea of spasm in this connection is now pretty much abandoned. Paralysis of the ducts leads to *polycholæ* and then to jaundice. Lastly, passive congestion of the liver indirectly produced through the influence of the pneumogastric nerve (Sée) would produce jaundice by the mechanism above alluded to.

*Male Fern vs. Tænia.*—Prof. Christison declares the ethereal extract of male fern better than koussou or any other remedy for tænia. He has never failed with it. He gives it in doses of from 18 to 24 grains in syrup or emulsion; and repeats it at the end of a month or six weeks by way of making sure of his work. The worm never comes away alive.

*Cutaneous Diseases.*—M. Guibout asserts, that cutaneous diseases are not merely disorders of the skin, but are, leaving out of view parasitic affections, the expression of more recondite lesions—the outward manifestation of pathological conditions of the general system.

*Ether Spray in the Reduction of Strangulated Hernia.*—M. Chavernac, in the *Marseille Médical*, as we learn from the *Bulletin gén-*

\* The French writer remarks parenthetically that this term serves usually to mask our ignorance.

*ral de Therapeutique*, has been employing ether spray in the reduction of strangulated hernia. He has used it in seven or eight cases. Though the results of these cases are not given, we are told by the *Bulletin* that M. Chavernac draws certain conclusions from them. The anæsthetic effect having been alluded to, he dwells chiefly on the refrigeration produced by the atomized ether, as being much greater and more prompt than that effected by ice. This rapid lowering of the temperature, he says, brings about sudden condensation of the gas contained in the strangulated gut. Hence a diminution of volume, and some possibility of reduction.

**Ranula.**—Dr. Bertin reports in the *Union Médicale* a case of *ranula* of Wharton's duct, in a new-born infant; seton applied; recovery. The infant was seven days old when operated on. At birth the mouth was examined for tongue tie, and nothing abnormal found. When three days old the child nursed with difficulty, and a little prominence was noticed under the tongue. This increased to the size of a small walnut. The diagnosis was *both Wharton's ducts imperforate and distended by fluid secreted after birth*.

Dr. Bertin infers that the salivary glands are dormant till food is introduced into the mouth of infancy.

Dr. B. unsuccessfully employed the seton for ranula in a woman, whom he cured with an iodine injection.

**Singular Case.**—M. Dolbeau, as reported in the *Union Médicale*, presented to the Imperial Society of Surgery a patient affected with a singular and rare lesion. The first instance of the kind was exhibited by M. Léon Labbé a year before. The subject, aged 50, without previous disease, and the cause being unknown; also without pain, suppuration or inflammation, is losing his upper jaw by a process of retrocessive elimination. All his teeth, though quite white and sound, have fallen out; the maxilla is reduced to a triangular shape, with its base directed toward the velum palati; and there is a large opening between the mouth and nasal fossæ. In M. Labbé's case there was paralysis of the *motores oculorum*. In this patient, with the excep-

tion of attacks of keratitis, and double atrophy of the choroid, the general health has been excellent.

**Podophyllin** is sharing the attention bestowed abroad on *veratrum viride*. The former was tried to a considerable extent by some physicians here in Boston, and is still used by some of them. Others found it very uncertain; sometimes acting extremely well, at other times purging with extreme violence, even to the production of syncope.

**The "Mother" in Vinegar.**—M. Béchamp is quoted by the *Gazette Hebdomadaire* as saying that the *mother of wine vinegar* is a membrane composed of microzmas—either simple or developed into the form of straight or curved twigs—engaged in a hyaline intercellular matter. He likens it to connective tissue in which cells are developed.

**PREVENTION OF THE "ABUSE OF CHARITY MEDICINE."** *Mr. Editor*,—Some time ago, I called attention, through the columns of the *JOURNAL*, to the "abuse of charity medicine" by persons who were not proper objects of charity availing themselves of the benefits of our free hospitals and dispensaries, to the great detriment of general practitioners and imposition on those beneficent institutions; and I suggested that some course might be adopted, to, in a measure, prevent the evil. Since that time, several additional instances of the kind referred to have come under my notice, and I have reason to believe that scarcely a day passes without some such imposition being practised.

Setting aside the question of the improper drafts upon the public charity, it is a great injury to the general practitioner. It is not the established physician who chiefly feels this leak, but the one just entering practice, who depends almost entirely for existence, during the first few years of his professional life, upon the very class who—shuffling about from physician to physician, seeking for the cheapest doctors—are the most likely to apply for free medical attendance.

It is evidently impossible, in nearly every instance, for the physicians of those institutions to prevent this abuse, for which reason there is the more necessity for the other and more aggrieved party—the physicians themselves—to do something to limit, if not prevent it.



The following, from the pen of Dr. Thos. K. Chambers, published in a recent number of the *British Medical Journal*, is so apposite that I will give it in full, in the hope that its practicable suggestions may be pondered, and, if possible, acted upon in this vicinity.

"Whether," says Dr. Chambers, "the number of people capable of paying who are admitted gratis to hospitals be exaggerated or not, by being viewed through a mist, is of little consequence. If this injustice to the general practitioner be knowingly done in three instances, these are three too many; and my experience of hospital physicians and surgeons in London convinces me they are anxious to avoid it. But the difficulty lies in the detection of cases in point. The exclusion of classes cannot be made; for in every class there are poor and rich, and a professional man and his family are often as proper objects of charity as day-laborers. Neither dress nor manner is any guide, as I have found at the cost of some time and trouble. When I was first a physician to St. Mary's, I used to inquire privately into the circumstances of any inmate I saw superior in these respects to those around them, and in no one instance was I able to detect the power of paying for medical attendance; whereas I was constantly finding, when too late, that miserable pauper-looking individuals had considerable sums of money to be handed over to their representatives. I am quite convinced that no investigation by the hospital authorities can detect the imposture in any who take the trouble to practise it. And if they reject the patient on insufficient grounds they run the risk of an action, which an unscrupulous attorney might make an engine of extortion.

"Would I, then, give up the case as hopeless? By no means. But I would ask the sufferers from the system to put their shoulders to the wheel and help themselves; for here, as in most worldly affairs, lies the best hope of success. Let each practitioner whose paying patients are admitted to a hospital, send to the physician or surgeon under whose care they are placed a formal notice of the fact, and very rare indeed will be the instances in which they are not discharged. I have been physician to St. Mary's nearly twenty years, and I have not met with one yet. Consultants never find it their interest to offend voluntarily the neighboring practitioners.

"The regular attendant does not, perhaps, know of the patients having withdrawn themselves from his care. He is

sure to know all the important cases; and a few examples made of rich persons who have disguised themselves to carry out the imposition, will soon put a stop to the practice altogether.

"I think the notice had best be a printed form, agreed upon by a committee for the purpose, so as to avoid all appearance of private jealousy. It should avoid also the show of an appeal *ad misericordiam*, and make its claim as of right. Until some self-helping step of this sort is taken, meeting and talking and grumbling are of very little use."

W. H. C.

Boston Highlands.

We take great satisfaction in laying before our readers the remarks at the dinner in Music Hall, of Dr. J. C. Hutchison, of Brooklyn, N. Y., one of the delegates from the Medical Society of the State of New York to the late annual meeting of the Massachusetts Medical Society. The manuscript was not received till after last week's issue was in type. But such kindly words as these come "better later than never."

I feel inclined, Mr. Chairman and gentlemen, to adopt the speech of a celebrated English mathematician which I have somewhere read, who, on being called upon to respond to a sentiment under circumstances similar to the present, said, "Mr. President, a morbid desire for originality compels me to say that this is the proudest moment of my life, and it does not occur to me to say anything else." But, sir, I cannot forbear to express the pleasure I have experienced in having been selected as one of the delegates to bear to this Society the salutations of the Medical Society of the State of New York. We in New York have of course read and heard much of Massachusetts Medicine and Surgery, and I was very glad to avail myself of the opportunity which this occasion afforded, to meet face to face those whom we have learned to honor and respect; and although a stranger personally, to most of you, I have realized to-day that the brotherhood of medicine is co-extensive with the limits of civilization.

I have been strongly reminded while attending the meetings of your Society of the time when, two years ago, I represented my State Medical Society as one of the delegates to the International Medical Congress at Paris, and the civilities which have been extended to the delegates from sister societies here, are in such striking contrast with the discourtesy which characterized their reception there, that I feel inclined, although it is perhaps not in very good taste, to refer to them. Our delegates to Paris, in order to make themselves known and to ensure admittance to the Congress, called at the office of the Secretary M. Jacoud with their credentials, and after waiting for some time in the ante-room, were informed by the female

*concierge* that M. Jacoud was engaged, but that we might record our names in a book lying upon the table, and take a green "*carte de membre adhérent*" which was signed by the President, M. Bouillaud, and the Secretary, M. Jacoud, to be filled up by ourselves as we might think proper. The card informed us of the day of the first séance, but neither the hour nor the place was designated; and it was only after a good deal of inquiry we learned that the place was the great hall of the Faculty of Medicine. No cards or certificates were demanded at the door, and we entered with the crowd to find seats for ourselves. Our credentials were never examined by any officer or committee. The seats were dirty and uncomfortable, without backs, and the room was excessively hot, and so imperfectly ventilated that it was impossible to remain during an entire session without serious detriment. We were not invited to the hospitals, nor were we furnished with any information with regard to the medical matters of Paris, although we were strangers in a strange city, desirous of seeing the institutions which had given to Paris its professional renown. The Secretary announced a banquet at "Le Grande Hotel," free to all who would send their names with a *Napoleon* to him. The dinner was similar to this, with a few more courses and a greater variety of wines.

The delegates received the most polite attentions from many distinguished members of the profession in Paris, and the foreign delegates were elegantly entertained one evening at the house of our countryman, Dr. J. Marion Sims. But it did seem to us that in the splendid city of Paris, of which Bouillaud said in his opening address, quoting from one of the old French poets, "France is Paris, and Paris is the world," pleasant arrangements might have been made for the reception of invited guests who were the accredited representatives of the Governments and the learned Societies of the world.

What a contrast to the reception which the delegates from other State Societies have received here! Immediately on our arrival in Boston we were invited to visit four well-appointed hospitals, and witnessed in their amphitheatres the perfection of surgical manipulations. On presenting our credentials to the proper committee, we were at once introduced to your President and to the Society, enjoyed the luxury of arm chairs, instead of benches without backs, and were furnished with complimentary tickets to this sumptuous dinner in this magnificent temple of the Muses, where we have enjoyed at intervals music on the Great Organ, and from accomplished vocalists, to say nothing of the rich intellectual repast. Mr. Chairman, I have felt like declaring, in imitation of Bouillaud, that Massachusetts is Boston, I had almost said that New England is Boston, and I feel inclined to commit myself to the opinion that the United States is Boston, and Boston is really the "Hub of the Universe."

Thanking you, gentlemen of the Massachusetts Medical Society, on behalf of the delegates from sister societies, for this cordial reception, permit me again to tender you our congratulations, and to express the hope, on behalf of my own Society, that you will honor us with a delegation at our

next annual meeting at Albany, on the 1st Tuesday in February.

Later still, the New York mail has brought us another acquisition—the address of Dr. Peaslee at the medical festival:—

MR. CHAIRMAN,—I trust you will pardon me if, before I speak of the medical profession of New York city, I say something respecting the city of Boston; since by so doing I am in some degree cancelling a debt of gratitude.

Born within thirty miles of this spot, it was one of my earliest aspirations, as it is at the present moment an intense pleasure, to see Boston; and just forty years ago this long-cherished wish was, for the first time, gratified. I then inspected the city as thoroughly as a boy of 15 years might be expected to do, and came to the deliberate conclusion that Boston was the largest, the most intelligent, and in every way the most desirable place in the world. Subsequent travel and a more extensive observation have since modified my early views of its relative size somewhat; but the other two propositions, Mr. Chairman, I think I am ready to defend up to the present time.

But the Boston of forty years ago was a very different city in area and architectural appearance from the Boston of to-day. You had not then become one of its citizens, Mr. Chairman; and this society could not then have held its anniversary exercises in a hall like this, and varied by music such as can be heard nowhere else on this continent, and of which accessories and surroundings, Sir, I cannot refrain from adding:—

*Quorum magna pars, tu, amice fecisti.*

But I turn again to the past.

I had even then heard of Drs. Warren, and Hayward, and Channing, and Jackson, and Lewis, and of him, no longer with you, whose son so honorably fills the chair of Practice in your college,\* and of him† (*et sero in cælum redeat*) whose son adorns the chair of Surgery in the same institution—and I decided, should I ever enter upon the study of medicine, it should be here. This plan was not, however, destined to be fulfilled. But I was destined to be under obligations to Boston in a way which I had not foreseen. My first public teacher in Anatomy was a Boston physician, and a man who better knows how to blend the agreeable with the useful in his anatomical lectures than any professor of that department to whom I have ever listened. And if I have myself succeeded as a public teacher of Anatomy, I attribute the fact in no small degree to the interest he developed in me, in that, the most important branch of our science. Need I here mention his name? The poet and philosopher, the brilliant writer, the ripe and elegant scholar—his name is a household word in all our homes.‡ My first public teacher in Theory and Practice was also a Boston physician, the scholarly and the classic Roby. The first work on Theory and Practice I ever carefully studied was also brought out in this country and in this city by two of the Boston fac-

\* Dr. Shattuck.

† Dr. Bigelow.

‡ Dr. Holmes.

ulty, already named—Dr. Bigelow, Sen., and Dr. Holmes. I allude to Dr. M. Hall's Practice, published thirty years ago; a work which hardly pretends to be more than a syllabus of a course of instruction in the Practice of Medicine; but which was the first attempt in our language to base all practice logically upon Pathological Anatomy and Pathology, and has been the model upon which the more recent works on Practice have been constructed. Until I read it, the practice of our art seemed to me, as it does to too many still, to consist of a confused mass of facts, to be remembered if possible, but incapable of reference to a scientific basis—of empiricism, in fact, instead of science.

The benefit, also, which I obtained as a commencing practitioner from still another Boston influence, I should not omit to acknowledge here. I allude to the "Essay on Self-limited Diseases," by Dr. Bigelow, Sen.; which at once put an end to the vexed and vexing questions as to the jugulation of fevers; and explained all that is real in the results of homeopathic practice. I, of course, mean true homeopathic, or Hahnemann's practice; and not the practice of those so-called homoeopaths who administer larger doses than any judicious regular physician does at the present day. I merely add that if the paper above-mentioned has led any to the extreme of scarcely prescribing medicine at all, this is not its fault; since it does not demonstrate that rational practice consists of expectation alone.

When I went abroad, also, as a medical student, I everywhere met the representatives of Boston. And it seemed to me that they were more moral and high-minded, and more thorough students than I met with from other quarters, and I still found it to my advantage to emulate Boston. Among them, now nearly thirty years ago, was one I have already had occasion to allude to; then a delicate looking young man, said by Baron Louis to have a tubercular deposit in his lungs, and whom, had I been then requested to give a prognosis, I should not have expected to meet here to-day; but who is now one of the most brilliant operators in this country—the Professor of Surgery in your College. May God preserve his health and strength for thirty years to come.

But if I am transgressing altogether too far it is because

"Difficile est longum subito deponere amorem."

And I will now speak of the medical profession of the city of New York.

A few days since I asked one of our most eminent physicians (a native of Massachusetts) of what the medical profession of New York had reason more especially to be proud. You may, perhaps, think his reply not very complimentary to its present status. "I think," said he, "that we should be most of all proud of *what we are going to do*." He then explained that within ten years, and perhaps within five years more, every department of medical science, and every specialty, will be as thoroughly taught in New York as in any city of the world. And we certainly have all the material for this purpose, and the required talent is already engaged in this direction.

But on taking a retrospect over the eighteen years since I first became an observer in New York, I find abundant cause of gratification at the

present condition of the profession there. It was then constantly remarked that New York was merely a commercial city, and that science and skill were neither appreciated nor encouraged there; and that the practice of our profession was regarded, by practitioners even, too much in the light of a mere trade.

There have always been many brilliant examples to disprove these assertions; and yet there was then some pretext for them in the actual status of the profession. Instead of being united upon the high ground of a common science, it was divided by cliques, and disgraced by at least one secret society, which arrogated to itself the best patronage of the city, and attempted to control it, so far as possible, by means understood for a time by its members alone. It was within this epoch that the spite of a few persons harassed and pursued a professional brother with the accusation that he had killed a patient—he being no more guilty than any one of us—and who never recovered from the effects of the sense of cruel injustice done him, of injury proceeding from such a source, but was hurried by the shock into his grave. But as an experience like that of the late Dr. Horace Green could never have occurred in Boston, as one of your eminent physicians at the time remarked, so such an experience can never again befall a worthy member of our profession in New York.

For I take pride in saying that, at the present time, medical services are as highly appreciated and as liberally compensated in New York as in any city in the world. The social position of the medical profession is also all that can be desired; and the ethical relations of physicians to each other are recognized and observed in the most precise and courteous manner. As a result of all this, the relations of physicians to their patients are, with the exceptions which the weakness of human nature must account for, all that could be wished. The respect of patients for physicians follows as a matter of course when they perceive that physicians respect each other.

Nor is it difficult to account for the improvement of the faculty of New York, in respect to the relations of physicians to each other and to society at large. It is entirely due to improved means of acquiring professional information, and the increased desire to improve which such means always develop. And not to specify too many of the medical societies in our city, I will mention the New York Pathological Society, with over 150 members, which meets once in two weeks, and is always well attended; the New York Academy of Medicine, nearly twice as large, and also meeting every alternate week; and the Medical Society of the County of New York, with nearly 300 members, and always thronged at its monthly meetings. I also should not omit the New York Medical Journal Association, with about 150 members, meeting every Friday evening, to listen, usually, to a *résumé*, from all the recent medical journals, foreign and domestic, of some practical subject.

All of these societies are open to the public, and all physicians visiting the city are invited to the meetings. And this constant meeting of the physicians of the city with each other, and drink-

ing from the same fountain, begets its legitimate results; and now the predominating influence in the profession is that of the best educated and most moral, and therefore of the wisest, the most generous and the best men in it. The era of "rings" and cliques has passed away, not to return again.

I need say nothing of the number and extent of the hospitals of New York, they are so generally known. But if we are to be more especially proud of what the profession is about to do there, I confess to no small amount of pride at what it is *now doing, and now is*.

Will you allow me, before I close, Mr. Chairman, to say a word respecting this—the Massachusetts Medical Society; for to it, too, I am indebted. While a practitioner within the territory of which this city is the metropolis, I always, if possible, attended its annual meetings. I first became acquainted thus with some of my most highly esteemed professional brethren, and not a few of them I am happy again to meet to-day. And I never attended one of its anniversaries without profit as well as pleasure. We are too prone to lose sight of the advantages of such occasions, and to ask ourselves, if far away from the place of meeting, how we can afford the time. But such occasions improve the heart as well as the intellect, and impart those fraternal emotions which isolation represses if not destroys. They enable the young practitioner, discouraged perhaps by obstacles which, up to the present, have barred his complete success, to realize that others also are struggling like himself, and reconcile him to the thought that

"Rugged places ever lie between  
Adventurous virtue's early toils  
And her triumphant throne."

And these seasons of fraternal intercourse remind the matured practitioner, borne down perhaps by an excess of labor, and sometimes inclined to escape from it to some easier avocation, that he is one of a noble brotherhood; that our profession is one to live for, or to die in; its aim, the best good of man. For

"Whether on the scaffold high,  
Or in the battle's van,  
The noblest place for man to die  
Is where he dies for man."

**MURIATE OF AMMONIA AS A REMEDY.**—Dr. Cholmeley \* \* \* \* confirms the observations of Dr. Anstie in a paper in the December number of the *Practitioner*, as to the great efficacy of the muriate of ammonia as a remedy for neuralgia and myalgic pain. But Dr. Cholmeley goes on to say that with regard to a matter on which Dr. Anstie spoke more doubtfully;—the efficacy, namely, which certain authors have ascribed to this drug as an emmenagogue—he has formed from a large experience a decided opinion in favor of the utility of this medicine. He is convinced that in a very large number of cases of absent or suppressed menstruation, muriate of ammonia acts in

a very direct and powerful manner in establishing or restoring the flux. Dr. Cholmeley has now experimented with the muriate, in doses of 10 to 20 grains, in so large a number of hospital and dispensary patients, that he cannot suppose there is any room for fallacy in this conclusion.—*Practitioner*.

Since the date [the editors of the *Practitioner* add] at which the paper referred to by Dr. Cholmeley was written, we had occasion to employ the muriate of ammonia in two cases of amenorrhœa, with apparently very striking and direct results of a curative kind. As yet, however, we must confess ourselves unable to lay down any definite rule as to the class of cases to which it is applicable with the best chance of success, beyond a general idea that it acts best in persons not anæmic, but possessing a weak and mobile nervous system.

**OVARIOTOMY.**—At a meeting of the Pathological Society of London, Mr. T. Spencer Wells reported a third series of 100 cases of ovariectomy, with remarks on tapping ovarian cysts. The author has arranged in a table all the cases in which he has completed the operation of ovariectomy, from the 200th case included in previous papers to the 300th. In other tables he gives particulars of all his incomplete and exploratory operations. He finds that the mortality lessens as experience increases. Of the first 100 cases, 34 died, and 66 recovered. Of the second 100, 28 died, and 72 recovered. But of this third series of 100 cases, only 23 died, and 77 recovered. The author has endeavored to ascertain what influence tapping ovarian cysts may have upon the mortality of subsequent ovariectomy, and he has arranged in a table all his cases where tapping had never been done, and those in which it had been done from once to sixteen times. The general mortality of the 300 cases was 28.33 per cent. Nearly one-half of the patients, or 135, had never been tapped. In them the mortality was 27.40 per cent.—not one per cent. less than the average mortality. Rather more than one-fourth of the patients, or 78, had been tapped once. In them the mortality was 25.64 per cent. There were 19 who had been tapped three times, and the mortality was 26.32 per cent. Of the 36 who were tapped twice the mortality was exactly the same as that of the group of cases tapped from four to sixteen times—namely, 33.33 per cent. The author is led by these facts, and by other considerations discussed in the paper, to the follow-

ing conclusions:—1. That one or many tappings do not considerably increase the mortality of ovariectomy. 2. That tapping may often be a useful prelude to ovariectomy, either by giving time for the general health to improve, or by lessening shock when the fluid is removed a few days or hours before removing the more solid part of an ovarian tumor; and 3. That when the siphon-trocar is used in such a manner as to prevent escape of ovarian fluid into the peritoneal cavity, and of entrance of air into the cyst, the danger of tapping is very small.—*London Medical Times and Gazette.*

DR. BERNCASTLE, in the *Australian Medical Gazette*, speaking of the venomous snakes of Australia, says:—

"I have been often asked to explain the immunity from danger certain men are supposed to have, who go about exhibiting snakes, and who are apparently bitten by them in public?

"The answer is easy, and the explanation also; these men extract the fangs with tweezers, and for a month, until they have grown again, the animal is harmless; or by teasing it with a piece of flannel, they cause it by repeated bites to exhaust the poison apparatus for a time, and its bite is deprived of danger for that day, although it might even then kill a pigeon, a kitten, or a rabbit, but not hurt a man. I have seen this done myself, and therefore can unravel the mystery. You may take for granted that there is no immunity for any living person from the effects of the poison when fairly inoculated by it, both Underwood and another of his *confrères*, Cartwright, before him, having proved that by the penalty of their lives."

ABSORPTION OF NUTRIMENT INJECTED SUBCUTANEOUSLY.—Drs. Menzel and Perco, in Vienna, seem entitled to the credit of at least some originality, and perhaps of a useful discovery; though it were premature to speak of the practical value of their researches. They began with the injection of almond, olive and cod-liver oils under the cutis of dogs—the quantity used varying from a drachm to an ounce. Finally, after twenty-five successful experiments of this kind, they obtained Prof. Billroth's consent to practise a similar injection upon one of his patients, the quantity injected in the latter case being 9 gr. [grammes?]; and with the same successful result as that obtained in the other cases, namely, ab-

sorption of the oil in from 36 to 48 hours, without any local inflammation, or any other evil consequences. Returning to their *corpora vilia*, they now injected a drachm of milk once; one or two drachms of syrupus simplex ten times; and a drachm of the yolk of a hen's egg four times, with perfect success in each case, the substances being usually absorbed completely within 24 hours.

Stricker and Oser have practised similar injections of peptone, upon patients—but the trial of undigested nutriment has not, it is claimed, been previously made.—*Wiener Med. Wochensh.*, No. 31.

D. F. L.

THE different status of the medical profession in North Germany from that which it holds here, is strikingly shown in the efforts which are there making for the repeal of certain laws. One law imposes a penalty for refusal to attend upon an urgent case—leaving it quite uncertain in what "urgency" consists. Another forbids physicians charging more than a fixed rate; a prohibition, however, which is quite ignored by the higher class of practitioners. To appreciate the case fairly, let us imagine our Congress to have enacted a law forbidding physicians to charge more than, say \$2.00 per visit.

D. F. L.

CONSANGUINEOUS MARRIAGES.—M. Voisin states as the result of a careful examination of 1,077 of his patients at the Bicêtre and Salpêtrière, that in no one instance of his idiotic, epileptic or insane patients, could healthy consanguinity be legitimately regarded as the cause of the affection. He believes that the ill results which have been observed after consanguineous unions are not really due to these, but are to be attributed to the ordinary hereditary causes.—*Union Med.*

STEATOMATOUS TUMORS OF THE SCALP.—Dr. Kraft-Ebing says that since 1863 he has removed many of these tumors, varying in size from a bean to a pigeon's egg, by a very simple procedure. This consists in the subcutaneous injection of a few drops of a solution (0.65 in 15 parts of water) of tartar emetic. In two or three days the skin ulcerates sufficiently to discharge the contents of the tumor without inducing erysipelas or nausea. He has not in any of his cases met with return of the tumor.—*Berlin Wochenschrift*, March 15.



## Medical Miscellany.

NOTE FROM DR. SNOW, THE CITY REGISTRAR OF PROVIDENCE, R. I.—*Mr. Editor*:—In your Journal, page 351, the foot-note suggests an error in my report. The City Registrar of Boston, to get his figures, estimates the population of Philadelphia at 800,000, and of New York at 1,100,000, both of which figures are much higher than were ever claimed in those cities, and higher than the truth—very much so. If the population stated is reduced in those cities as it should be, the rate of mortality will of course be increased.

Yours truly,

E. M. SNOW.

MAINE MEDICAL ASSOCIATION.—The annual meeting of the above association met in Portland recently, and continued its session two days. The attendance was quite large and the proceedings were unusually interesting. Number of members, 260. The President's address (Dr. Dana, of Portland) was an able effort. The Anatomical bill, passed at Augusta last winter, was the subject of considerable congratulation. The bill for the "Registration of Physicians and the Prevention of Quackery," which failed to pass last winter, was urgently advocated. The prevailing diseases of the year have been influenza and scarlatina. The peculiar influenza of this year was regarded as an atmospheric epidemic. A case of recovery from a club-foot, known as *Talipes varus equinus*, reported by Dr. H. S. Tewksbury, of Portland, formed an interesting discussion. Resolutions favoring the extension of term of study to four years, with three full courses, were passed. Among the other interesting subjects were Softening of the Brain and Paralysis (Dr. Harlow, of Augusta, presenting report), indiscriminate sale of drugs, Hypodermic Injections, Calculus, Necrosis of Hip Joint, Preservative Influence of Carbolic Acid, Ovariectomy, Maine General Hospital, Medical Chemistry, Progress of Medicine, Insane Hospital, Obituaries, Puerperal Convulsions, Pathological Cabinet, Portland Alms House, Abdominal Tumors.

Dr. S. H. Tewksbury presented a lengthy paper on Medico-Legal Evidence, in which he commented severely upon verdicts in actions for railroad damages, and the treatment of physicians on the witness-stand by lawyers, and made several suggestions for their better protection.

Dr. Swasey was delegate from the Massachusetts Society.

Bangor is to be the place of meeting next year. Some twenty new members were admitted.

Resolutions were passed complimentary to the City Government for use of rooms, Portland physicians for courtesies, and others. The following officers were elected for the ensuing year:—

President—D. McKuer, M.D., Bangor.

1st Vice President—J. M. Bates, M.D., Yarmouth.

2d Vice President—T. H. Jewett, M.D., South Berwick.

Corresponding Secretary—A. C. Hamlin, M.D., Bangor.

Recording Secretary—C. O. Hunt, M.D., Portland.

Treasurer—T. A. Foster, M.D., Portland.

LIBRARY MEDICAL DEPARTMENT UNIVERSITY OF LOUISVILLE, May 27th, 1869.—At a meeting of Delegates from [Western] Medical Colleges for the purpose of considering the question of fees, which was held this day, . . . [the following resolutions were adopted.]

*Resolved*, That it is the hope of this Convention that a uniform scale of charges shall be adopted by all the medical colleges of our country, and we do most earnestly advise such a scale shall be agreed upon; and it is our belief that the glory and usefulness of our profession would be enhanced by the adoption of the highest rate advised by the American Medical Association.

*Resolved*, It is not less to be hoped that all the medical colleges of our country would fix a higher standard of preliminary and medical education as a pre-requisite for graduation.

*Resolved*, That the Convention request all the medical colleges in the United States to send each one delegate to a meeting to be held in Washington, on Monday, May 2d, 1870, to take efficient steps for carrying out in good faith the recommendations of the American Medical Association in reference to medical education, and also to form a permanent association of American medical teachers.

*Resolved*, That a copy of these proceedings be sent to all the medical journals in the country.

WM. K. BOWLING, President.

GEO. W. BAYLESS, Secretary.

## MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Med. Clinic. 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic, 10 A.M., Surgical Lecture. 9 to 11 A.M., Boston Dispensary. 9-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10 A.M., Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11 A.M., OPERATIONS.

TO CORRESPONDENTS.—The following communications have been received:—Case of Embolism—Discoloration of Crystalline Lens—Uterine Displacement—Optics, &c., as taught at the Universities.

ERRATUM.—On page 362, last issue, first line of second paragraph, for "psychological" read *physiological*.

DEATHS IN BOSTON for the week ending Saturday noon, June 19, 80. Males, 40—Females, 40.—Accident, 4—apoplexy, 1—Inflammation of the bowels, 1—congestion of the brain, 2—disease of the brain, 4—Inflammation of the brain, 2—bronchitis, 1—cancerum oris, 1—consumption, 13—convulsions, 1—debility, 1—dropsy of the brain, 2—epilepsy, 1—scarlet fever, 9—typhoid fever, 2—glanders; 1—disease of the heart, 3—homicide, 1—infantile disease, 2—intemperance, 1—disease of the kidneys, 3—Inflammation of the lungs, 6—marasmus, 1—old age, 1—paralysis, 2—puerperal disease, 1—purpura, 1—pyæmia, 1—scrofula, 1—suicide, 1—teething, 2—unknown, 6—whooping cough, 1.

Under 5 years of age, 34—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 18—above 60 years, 4. Born in the United States, 60—Ireland, 15—other places, 12.